**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Zinke for Congress PO Box 1596 ADDRESS (number and street) (Check if address is changed) Helena 59624 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lorna@mt.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00550871 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kuney, Lorna, , , Type or Print Name of Treasurer Kuney, Lorna, , , [Electronically Filed] 12 02 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

|                   | FEC Fo                 | rm 1 (Revised 02/2009)   | Page <b>2</b>                  |          |
|-------------------|------------------------|--|--------------------------------|----------|
|                   |                        | COMMITTEE  |                                |          |
| (a)               | ×                      | This committee is a principal campaign committee. (Complete the candidate information below.)  |                                |          |
| (b)<br>Nam<br>Can | e of                   | This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)  Zinke, Ryan, K,   | ete the candidat               | te       |
|                   | didate<br>y Affiliatio | on REP Office Sought: House Senate President   | State District                 | MT<br>01 |
| (c)               |                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                |          |
| Nam<br>Cand       | e of<br>didate         |  |                                |          |
| Par               | ty Con                 | nmittee:   |                                |          |
| (d)               |                        | · · · · · ·  | emocratic,<br>epublican, etc.) | Party.   |
| Poli              | itical A               | action Committee (PAC):  |                                |          |
| (e)               |                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.   | ected organization             | on is a: |
|                   |                        | Corporation Corporation w/o Capital Stock  | Labor Organizat                | tion     |
|                   |                        | Membership Organization Trade Association  | Cooperative                    |          |
|                   |                        | In addition, this committee is a Lobbyist/Registrant PAC.  |                                |          |
| (f)               |                        | This committee supports/opposes more than one Federal candidate, and is NOT a separate segrommittee. (i.e., nonconnected committee)  | egated fund or                 | party    |
|                   |                        | In addition, this committee is a Lobbyist/Registrant PAC.  |                                |          |
|                   |                        | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |                                |          |
| Join              | ıt Fund                | draising Representative:   |                                |          |
| (g)               |                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more politica               | I        |
| (h)               |                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | or more political              | l        |
|                   | Com                    | umittees Participating in Joint Fundraiser   |                                |          |
|                   | 1.                     | FEC ID number  |                                |          |
|                   | 2.                     | FEC ID number  |                                |          |
|                   | 3.                     |  |                                |          |
|                   | 4.                     |  |                                |          |

| FEC <b>Form 1</b> (Revise                                   | ed 02/2009)   | Page <b>3</b>             |
|---|---|---------------------------|
| Write or Type Committee Na                                  |   |                           |
| Zinke for Cong  | gress   |                           |
|   | d Organization, Affiliated Committee, Joint Fundraising Representative, or                          | Leadership PAC Sponsor    |
| Zinke Daines Victory  | / Fund 2016   |                           |
|   |   |                           |
| Mailing Address   | 228 S Washington Street   |                           |
| Mailing Address   | Suite 115   |                           |
|   | Alexandria  | 22314                     |
|   | CITY STATE  | ZIP CODE                  |
| Custodian of Records:                                       | dentify by name, address (phone number optional) and position of the personal                       |                           |
| books and records.  |   |                           |
| Kuney, Full Name  | Lorna, , ,  |                           |
| Mailing Address   | 400 N California  |                           |
|   |   |                           |
|   | Helena MT   | 59601-4968                |
| Title or Position   | CITY STATE  | ZIP CODE                  |
| Custodian of Records  | 406 Telephone number  |                           |
| . <b>Treasurer:</b> List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the committee; an g., assistant treasurer). | d the name and address of |
|   | Lorna, , ,  |                           |
| of Treasurer  | 400 N California  |                           |
| Mailing Address   |   |                           |
|   | Helena     MT   | 59601-4968                |
|   | CITY STATE  | ZIP CODE                  |
| Title or Position Treasurer                                 | 406<br>Telephone number   | 442 6633                  |

| Full Name of Designated Agent  |  |                    |
|--|--|--------------------|
| Mailing Address  |  |                    |
|  |  |                    |
|  | CITY STATE   | ZIP CODE           |
| Title or Position  |  |                    |
|  | Telephone number   |                    |
|  |  |                    |
| cofety deposit hoves or  | sitories: List all banks or other depositories in which the committee deposits fu  |                    |
| safety deposit boxes or<br>Name of Bank, Deposit   | tory, etc.   |                    |
| safety deposit boxes or<br>Name of Bank, Deposit   | maintains funds. tory, etc.  |                    |
| safety deposit boxes or<br>Name of Bank, Deposit   | tory, etc.   |                    |
| safety deposit boxes or<br>Name of Bank, Deposit   | maintains funds. tory, etc.  |                    |
| safety deposit boxes or<br>Name of Bank, Deposit   | maintains funds. tory, etc.  | 59601              |
| safety deposit boxes or<br>Name of Bank, Deposit   | maintains funds.  tory, etc.  ley Bank  3030 N Montana Ave   |                    |
| safety deposit boxes or<br>Name of Bank, Deposit   | maintains funds.  tory, etc.    Ley Bank   | 59601              |
| safety deposit boxes or Name of Bank, Deposit  Val  Mailing Address  Name of Bank, Deposit | maintains funds.  tory, etc.    Ley Bank   | 59601              |
| safety deposit boxes or Name of Bank, Deposit  Val  Mailing Address  Name of Bank, Deposit | maintains funds.  tory, etc.    Start   Cory, etc.   Cory | 59601              |
| safety deposit boxes or Name of Bank, Deposit  Val  Mailing Address  Name of Bank, Deposit | maintains funds. tory, etc.  ley Bank  3030 N Montana Ave  Helena  CITY  STATE  tory, etc.   | 59601              |
| safety deposit boxes or Name of Bank, Deposit  Val  Mailing Address  Name of Bank, Deposit | maintains funds. tory, etc.  ley Bank  3030 N Montana Ave  Helena  CITY  STATE  tory, etc.  st Virginia Community Bank  11325 Random Hills Rd  | 59601<br> ZIP CODE |
| safety deposit boxes or Name of Bank, Deposit  Val  Mailing Address  Name of Bank, Deposit | maintains funds. tory, etc.  ley Bank  3030 N Montana Ave  Helena  CITY  STATE  tory, etc.   | 59601              |

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Zinke Victory Fund 2470 Daniells Bridge Rd #121 Mailing Address GΑ 30606-6191 Athens **CITY** STATE 4 ZIP CODE Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 6 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC ONE INTERNATIONAL PLACE - 44TH FL. Mailing Address C/O BOWDITCH & DEWEY, LLP **BOSTON** 02110 MA **CITY** STATE 4 ZIP CODE Relationship: × Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent Full Name** Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number